Residential Treatment Services PRTF Information Inventory (9-7-11)		
		Comments
Agency Name:	**Acadia Village**	
Contact Name:	**Jay Leach, CEO**	
Contact Number:	**1-800-255-TEEN, 865-380-4452, or 865-970-1263**	
Site/Cottage/Facility Name:	**Acadia Village**	
Address:	**2431 Jones Bend Rd**	
Mental Health License Number:	**TN: L000000007626**	
Medicaid Provider Number:	**3404562**	
General Overview	*Provide a description of the following:*	
Accreditation Body:	**The Joint Commission**	
Gender(s) served:	Males **X** Females **X**	
Number of beds per site:	Males **60** Females **48**	**Acadia Village has 108 beds available on campus. Each cabin has 12 beds with a total of 9 cabins.**
Staff-to-Client Ratio for Service Unit:	**2:6 Ratio**	
Staff Shift Pattern:	**12 hour shifts of 6am-6pm and 6pm-6am**	
Disability served:	**Mental Health and Substance Abuse**	
Specialty Population: (Dual Dx, Sexually Reactive/Aggressive, IDD, Bipolar, Schizophrenia, Borderline Personality etc.)	**Co-occurring disorders** **Depression, Anxiety, and other Mood Disorders** **Alcohol and/or Drug Abuse** **ADD/ADHD** **Behaviors resulting from past Trauma** **Self Injurious Behaviors** **Disrespect of Authority** **Dependency in Relationships** **Family Problems**	
Age range:	**13-17**	
IQ Requirement:	Yes **X** No_____ If Yes, Specify **70 or above**	
Facility: Locked X Unlocked X	Yes **X** No__If Yes, Specify **Acadia Village has locked cabins and staff secure cabins**	
Facility: staff secure?	Yes **X** No_____ If Yes, Specify **Both**	
Facility secured?	Yes **X** No_____ If Yes, Specify **Yes in secure cabins**	
Does the facility use restraints?	Yes **X** No____ If Yes, physical **X** mechanical **N/A**	**Acadia Village utilizes Therapeutic Crisis Intervention**

Does the facility use seclusion?	Yes **X** No____ If Yes, Specify **Use of Time Out Room if Clinically Appropriate.**	
Does the facility use timeout?	Yes **X** No___ If Yes, Specify **Use of Time Out Room and Time Away if Clinically Appropriate.**	
Does the facility accept children from out of state?	**Yes we accept out of state children.** If yes, has the state ICPC office been notified? **Yes** If so, how many out of state children are on site? **Approximately 50% of our Children are from out of state.**	
Agency Treatment Approach/EBP/ Promising Practice/orientation	**Acadia Village utilized Cognitive Behavioral Therapy, Trauma Informed Care and Person Centered approach for Clinical Intervention. Therapeutic Crisis Intervention for crisis specific interventions and behavior management.**	
What orientation does staff receive?	**All staff attend an 8 day Orientation Training that includes:** **-Ethics** **-Cultural Diversity** **-Emergency and Safety Procedures** **-HIPPA and Documentation Procedure** **-Therapeutic Crisis Intervention** **-Cognitive Behavioral Therapy and Clinical Overview** **-Infection Control**	
Are Treatment Planning processes integrated (medical and behavioral staff recommendations)?:	**Yes. Treatment team occurs 3 days per week and each case is reviewed with psychiatrist, therapist, nursing, and school staff. Behavioral health technicians send feedback through therapist whom is over their cabin.**	
How does Direct Care staff relate to Clinical Care Staff?	**Each therapist is assigned one cabin and provides leadership, supervision, clinical direction, education, and mentoring to the direct care staff (Behavioral Health Technicians).**	
Services available/array for each site:	**Psychiatric Residential Treatment for Mental Health and Substance Abuse. Includes:** **-Family Therapy** **-Individual Therapy** **-Substance Abuse specific Therapy** **-Group Therapy** **-Medication Management** **-Activity Therapy** **-Vocational Program** **-Education**	

Education services provided (on-site school, day treatment, outpatient services, etc.):	**Acadia Village Academy is a school accredited through the Southern Association of Colleges and Schools (SACS). We provide both general and special education services. With a small student-to-teacher ratio, Acadia Village Academy can create a positive academic experience for students who previously experienced educational difficulty and failure in their previous educational program.**	
Credits Transferable:	Yes **X** No_____	
Incident Reporting/Training for On-line Reporting:	**We do internal incident reporting that are used for trending, program planning, and development. At request Acadia Village will provide an overview of incidents in the appropriate format. We do training for all staff at orientation and annually on completing incident reports. We utilize the IRIS system for reporting incidents and occurrences.**	
Average Length of Stay:	**3-9 Months**	
Do you know about the Building Bridges Initiative?	**We are familiar with the Building Bridges Initiative and are recently pursuing active involvement.**	
What is the agency's perspective on System of Care?	**We feel a System of Care approach is essential to meeting the needs of a child and their family. We are and will continue to be advocates and participants in developing/maintaining an effective System of Care for Children and their families in the areas we serve.**	
Structure and Supervision		
1. Would you characterize the level of structure and supervision provided by your program as low, moderate or high?	Interview: 1. List **types of safety monitoring** used (e.g., staff observation, video cameras). 2. Identify all **areas covered** by safety monitoring. 3. Identify **any gaps** in safety monitoring coverage. 4. Identify **corrections made or proposed** to remediate those gaps?	**1. All children are physically supervised by Behavioral Health Technicians 24/7. There are video cameras for further supervision in our secure cabins.** **2. All areas are covered 24/7.** **3. None** **4. N/A**
2. What strategies do you employ in order to individualize your service(s)?	Interview: 1. List the **EBPs** and all other therapeutic interventions utilized by the PRTF. 2. List **frequency and description of staff training** pertinent to EBPs and therapeutic interventions.	**1. Cognitive Behavioral Therapy, Person Centered Tx, Trauma Informed Care, and Therapeutic Crisis Intervention.** **2. Orientation, two times per year for TCI, annual refresher for EBP, and as needed reviews.**

3. Describe the level of supervision and structure provided by your program to assist a child in achieving and maintaining an improved level of functioning so that the child can successfully benefit from treatment and achieve the highest level of independent functioning in order to return to their family or obtain permanent placement?	Interview: 1. Describe how **supervision** of youth is provided. 2. Describe how the level or intensity of **supervision may vary** across youth? 3. Is **supervision described as being based on individual risk and/or therapeutic need**? Yes or No. 4. Describe how **discharge plans** prepare the youth for a successful **step-down**. 5. Is the discharge plan described as including **specific goals** that need to be accomplished prior to discharge? Yes or No. 6. Describe the **involvement of the CFT** in the discharge policy.	**1. Supervision is provided by Behavioral Health Technicians 24/7. Increased monitoring of youth based on clinical needs including 15 minute documented checks of Bx and location and proximity to staff.** **2. Depending on the clinical needs of that child can vary the degree of precautions they are placed on.** **3. Supervision is based on both therapeutic need and individual risk of that child.** **4. DC plans begin at admission and individualized per child. Relapse prevention groups are conducted, review of Tx plan goals, review of clinical expectations, etc. then Identification of Aftercare treatment based on appropriate clinical needs for best opportunity for success.** **5. DC plan is based off Tx Plan and Person Centered Plan that identifies individual goals for each child and measures for success.** **6. CFT is included in initial development of Tx Plan, at least Monthly reviews of Tx Plan, and discussion of appropriate Discharge/Aftercare plans.**
4. What is the safety monitoring policy/procedure for determining the assignment of roommates?	Interview: 1. What are the characteristics that would promote or prevent **pairing of clients** as roommates? 2. What happens when characteristics of concern come to light and how is change made owing to these characteristics? 3. What are **safety monitoring practices** applicable during the day? at night?	**1. Based on clinical presentation, personality, and resilience of the child.** **2. If immediate safety concerns, the movement of that child would be implemented immediately, if not immediate needs then reviewed in Tx team and appropriate interventions put in place.** **3. 24/7 supervision done by Behavioral Health Techs. This is done 24/7. There is no difference for Night Shift.**
Adjustment and Functioning		
1. Describe strategies for assisting the client in improving their interpersonal relationships at school, work and in other community activities.	Interview: 1. How does your program promote improvements in **interpersonal skills**? 2. How does your program **measure improvements** in interpersonal skills? 3. What is the frequency of **physician contact** with each youth? 4. What are the **standard physician contacts** with each youth? 5. How does the program assure access to appropriate **medical and dental care**? 6. How are daily **living skills** promoted? 7. How are they **measured**?	**1. Conflict resolution, problems solving, leadership development, and social development are included in all aspects of our program especially activity therapy and our vocational program.** **2. Establishing goals in Tx Plan and Person Centered Plan development with established measurements. Review of those goals on regular basis at minimum monthly. Correlation of those goals and specific behaviors/incidents of each child.** **3. Weekly and as needed.** **4. Weekly with Child Psychiatrist/Medical Director and Pediatrician on admission and as needed thereafter.** **5. Regular visits with on-site pediatrician as needed, utilizing community program for emergency and coordination with appropriate Tx providers for non-emergency.** **6. Vocational program around independent living skills and inclusion of these skills in daily programming.** **7. Inclusion of goals on Tx Plan and measured on individual basis by child in Tx Team, CFT reviews, and Family Therapy.**

2. Describe treatment interventions used to ensure that a child acquires the skills necessary to compensate or remediate skill deficits.	Interview: 1. List the **EBPs** and all other therapeutic interventions utilized by the PRTF. 2. List frequency and description of staff training pertinent to EBPs and therapeutic interventions. 3. List the **characteristics (targeted areas of functioning, age, gender, diagnoses) of the consumers** for whom the each intervention is employed.	**1. Cognitive Behavioral Therapy, Person Centered Tx, Trauma Informed, and Therapeutic Crisis Intervention.** **2. Orientation, two times per year for TCI, yearly refresher for EBP, and as needed reviews in daily team meetings.** **3. Acadia Villages works with children who are 13-17 with an IQ 70 or above. Each child is of average intellectual functioning. We provide services for both male and female.**
3. How are clients encouraged to interface with community supports for the development of personal resources?	Interview: 1. What **opportunities are there for children to interact** in the socially/recreationally in the community/outside the facility? 2 . Are there different opportunities available to individual consumers based on assessed needs? What **strategies/interventions are there to promote a child's successful engagement** with community activities/resources? 3. How does the agency prepare the child for **community re-entry**?	**1. Therapeutic home visits with family/guardians on regular basis. Bx based incentive outings. On-Campus community resources for AA/NA.** **2. Needs are assessed individually in regards to off-campus family visitation. Bx based incentive outings are cabin/group based.** **3. Regular therapeutic visitation with family with clinical assignments and measurement tactics. Effective and appropriate aftercare plans based individually on each child.**
4. Describe how your program involves the family in treatments, keeps them informed of their child's progress, and prepares them for step down as part of the discharge process.	Interview: 1. Describe **the involvement of the family/guardian/supports** in Treatment Planning? 2. Describe the involvement of the family/guardian/supports in **implementing treatment**? 3. Describe the involvement of the family/guardian/supports in **determining progress** of the plan? 4. Describe **the involvement of the Child and Family Team (CFT**) in Treatment Planning?	**1. The family participates in completion of the initial treatment plan, psychosocial assessment and review of clinical needs at admission. They are involved in family therapy on a weekly basis and Tx plan reviews on a monthly basis. They also participate in visitation and therapeutic assignments based on that visit.** **2. They are given therapeutic assignments based on Tx Plan and family therapy. They also participate in regular on and off campus visits with their child.** **3. Monthly Tx plan reviews, weekly family therapy, and reviewing progress in treatment and on therapeutic visits.** **4. Prior to admission there is coordination to review previous clinical and even verbal communication with past treatment providers and CFT. Monthly progress report reviews and as needed will incorporate full CFT into Family Therapy session.**
Behavior Management		
1. Discuss your agency's basic approach to behavior management.	Interview: 1. Is there a **privilege system**? 2. Are there **different levels** in the privilege system? 3. **Describe** your privilege system. Is it in writing? 4. How is it **communicated** to youth in the faciity? 5. How does a child earn the right to move from one level to another? 6. Are privileges based on avoiding **negative behavior or on reinforcing positive behavior**?	**1. Yes there is a privilege system in place for each child.** **2. There are total of 6 levels beginning at orientation and moving to level 5.** **3. Each child is given a certain number of points each day and starts fresh daily. They then work to "keep" their points by completing certain aspects of the program, behaviors, etc. Based on the points they progress through the levels system. Each level has a certain number of privileges and builds upon the previous level. This system is in writing.** **4. At admission they and the family receive a resident handbook. Also levels are review multiple times a week and also posted throughout campus.** **5. Based on points, participation in treatment, complete treatment work, vote from peers and staff, and completion of application.** **6. Mostly focused on positive behavior with aspects focused on avoiding negative.**

2. Describe how your program handles severe, out-of-control behavior, including verbal and physical aggression, sexually reactive, offending behaviors, self-injurious, property damage, and clients who have problems in the community.	Interview: 1. Do you **accept children who are**/ have/cause: a) severe out of control behaviors (e.g., psychosis, firesetting, animal cruelty and other antisocial behaviors)___ b) physically aggressive___ c) sexually reactive___ d) sexually aggressive___ e) offending behaviors_ f) self injurious___ g) property damage___. 2. What **behavior management techniques** do you apply for these behaviors (as applicable)?	**1. Each child is based on assessment and review with clinical team. Exclusionary criteria are: fire-setting, sexual aggression/offending behaviors, and IQ less than 70.** **2. We utilize a comprehensive level system we have developed utilizing a prosocial model and the comprehensive Bx Management aspects of Therapeutic Crisis Intervention.**
3. What precautions are taken to prevent harm to a child or others?	Interview: 1. What is the facility's **philosophy** regarding seclusion/restraint? 2. When/how are **staff taught to use** that philosophy? 3. What trainings have been provided to avoid using **seclusion/restraints**? 4. What seclusion/restraint trainings do staff receive? 5. What happens **after a restraint**?	**1. Seclusion/Restraint are ONLY utilized for safety purposes to prevent a child from harming him/herself and/or others. Seclusion/Restraint is last option and all other management techniques should be attempted prior. If a child must be placed in seclusion or therapeutic hold, the least restrictive measure to ensure safety must be utilized.** **2. Staff are taught Therapeutic Crisis Intervention at Orientation and two refreshers per year. Ongoing trainings and updates are provided during daily shift change meetings as well as on an individual basis.** **3. Therapeutic Crisis Intervention incorporates a comprehensive Bx Management aspect with the goal of utilizing verbal and environmental factors to prevent seclusion/restraint.** **4. Therapeutic Crisis Intervention** **5. Each child is assessed by nursing, participates in a debriefing with staff with the goal of helping that child understand the sequences of events, how their emotions affected their behavior, and future options for new, healthier coping skills.**
Clinical Oversight		
1. Discuss how therapeutic interventions are integrated into the daily schedule of the residential program.	Interview: 1. What is the **daily schedule**? 2. Does it include free time? 3. How are **meals** handled (e.g., preparation, clean-up)? 4. What structure is provided during **transition periods**? 5. How are **therapeutic interventions integrated** into daily routines? 6. What **on site activities** are available during free time? 7. Describe how staff help youth to find their interests.	**1. Each cabin has a similar schedule. Brief overview is wakeup, hygiene, chores, school, group, activity therapy, vocational, and recreation. Meal times in morning, mid day, and evening. Also alcohol and drug education groups, activity therapy, and vocation are conducted on a rotating basis and not daily.** **2. There is no "Free Time" but structured recreational time, Tx work time, homework time, and daily process groups** **3. Our kitchen staff prepares each meal and on rotating basis each group is responsible for clean-up.** **4. Prompting of transition, transition by group in single file lines, and staff oversight 24/7.** **5. Programming is incorporated into each child's daily routine, allowing the child to earn points based on program participation and daily routines.** **6. Sports (basketball, football, Frisbee, etc.), pool, recreation areas (includes movies and video games), and workout equipment.** **7. Staff are trained to help ID a child's talents and encourage them to engage in activities they might not otherwise.**

2. Describe how a professional provides clinical oversight to the program. How many hours/week?	Interview: 1. Describe the **clinical oversight of staff** in the facility? 2. **How often** does supervision occur/**How many hours per week** is such oversight provided? 3. **Who provides clinical oversight?** 4. Is supervision **formal or informal** in nature? Describe. 5. What are **credentials** of staff providing such oversight? 6. If a QP, who supervises said QP?	**1. Each Behavioral Health Tech is managed by Director of Residential Life and indirectly by Cabin Therapist. Therapist are supervised by Clinical Director who is supervised by CEO and indirectly by Medical Director.** **2. Clinical supervision with therapist occurs individually on weekly basis, separate group meeting, and treatment team 4x/week. Supervision with Behavioral Health Techs occurs on regular basis as needed.** **3. Clinical Director (LCSW) supervises therapists and MD overseas Clinical Director.** **4. Therapist is formal and behavioral health techs are mix of informal and formal.** **5. LCSW and MD** **6. N/A**
3. How does the program assure access to the appropriate care for clients in crisis situation?	Interview: 1. Does each individual have an **individualized crisis plan**? 2. How are crisis plans **individualized?** Please give an example. 3. What **crisis resources** exist internally and externally?	**1. Yes** **2. Based on assessment at admission and throughout treatment. Each child will be assessed on triggers, coping skills, etc. and a ICMP is created. These are adjusted at least monthly.** **3. Access to each child's ICMP, on-call clinical administration 24-7, onsite nurses 24-7, and on-call MD or NP.**
Referral Process		
1. What is/was the initial referral process prior to PRTF entry?	Interview: 1. Describe the involvement of the **CFT in making referrals for admission**? 2. Describe the **involvement of the family/guardian/supports in ref**erral decision making? 3. How are children referred to the facility?	**1. Individuals in the CFT would be who would contact Acadia Village to discuss potential referral for admission.** **2. Family should be actively involved and Acadia Village would communicate with family members prior to admission for assessment, demographics, and other needed information. They would also discuss our program in detail and answer any questions the family might have.** **3. Via phone, website, or fax. Most would come from guardians, previous treatment providers, court systems, or department of children's services.**

2. How is a client referred to another level of services?	Interview: 1. How is it determined that a client is ready to or should **move to another level of care**? 2. What circumstances would cause an **unplanned discharge** and who would be involved?	**1. Based on progress related to identified goals in Tx plan, discussion with treatment team, discussion with family and key stake holders. Discharge planning begins at admission and is assessed on weekly basis throughout the child's stay.** **2. Insurance or funding source, guardian decision, or decision from Acadia Village clinical team based on child's behavior.**
3. Describe your coordination of post discharge and follow up care.	Interview: 1. Describe **post discharge** and follow up care?	**None at this time**
Self Evaluation		
1. How would you characterize the type of child your program is most successful in treating?	Interview: 1. How would you characterize the **type of child your program** is most successful in treating?	**1. A child whom suffers from or engages in:** **•Mood Disorders such as Depression, Bipolar, and Anxiety** **•Chemical Dependence and/or abuse of Alcohol and Drugs.** **•Trauma from Physical, Emotional, or Sexual Abuse** **•Personality Disorders** **•Behavioral Disorders and other Behavioral Problems** **•Difficulty in School Environment**
2. What type of behaviors poses the greatest problem for program staff to manage?	Interview: 1. What type of **behaviors poses the greatest problem** for program staff to manage?	**1. A child whom is highly aggressive, actively psychotic, or diagnosed with severe Conduct Disorder. Also children who have borderline IQ and/or Autism Spectrum disorders.**